DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE – PLEASE READ CAREFULLY

October 3, 2007

Sandra Bennett Bruce, President and CEO
St. Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, ID 83704

CMS Certification Number: 13-0007

Dear Ms. Bruce:

To participate as a provider of services in the Medicare and Medicaid Programs, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The Idaho Bureau of Facility Standards (State agency) completed a complaint investigation authorized by the Centers for Medicare & Medicaid Services (CMS) on September 14, 2007. Based on a review of the deficiencies identified during this investigation, we have determined that St. Alphonsus Regional Medical Center **is not in substantial compliance** with the Medicare hospital Condition of Participation – Discharge Planning (42 Code of Federal Regulations (CFR) § 482.43).

Section 1865 of the Social Security Act (The Act) and pursuant regulations provide that a hospital accredited by The Joint Commission will be "deemed" to meet all Medicare health and safety requirements with the exception of those relating to utilization review. Section 1864 of The Act authorizes the Secretary of Health and Human Services to conduct a survey of an accredited hospital participating in Medicare if there is a substantial allegation of a serious deficiency which would, if found to be present, adversely affect the health and safety of patients. Therefore, as a result of the September 14, 2007, complaint survey findings, we are required following timely notification of the accrediting body, to place the hospital under Medicare State Agency survey jurisdiction until the hospital is in compliance with all Conditions of Participation.

The deficiencies cited limit the capacity of St. Alphonsus Regional Medical Center to furnish services of an adequate level or quality. The deficiencies, which led to our decision, are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567).

St. Alphonsus Regional Medical Center must submit a plan of correction to our office for all deficiencies cited on the enclosed CMS-2567. The plan of correction must be submitted to our office **within ten (10) days of receipt of this letter**. Complete your plan of correction in the space

provided on the CMS-2567. An acceptable plan of correction, which includes acceptable completion dates, must contain the following elements:

- The plan of correcting the specific deficiency and how the hospital will act to protect other patients in a similar situation;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- Dates when the plan of correction will be completed;
- The title of the person responsible for implementing the acceptable plan of correction.

Each deficiency should be corrected as soon as possible. Additionally, please sign and date page one where indicated prior to returning the CMS-2567 to our office. Please send the completed plan of correction to the address below, with a copy to the Idaho Bureau of Facility Standards:

CMS – Survey and Certification
Attention: Kate Mitchell
2201 Sixth Avenue, RX-48
Seattle, WA 98121
Fax: (206) 615-2088

Additionally, in accordance with § 1865(b) of The Act, the Idaho Bureau of Facility Standards, will conduct a full unannounced health and life safety code survey of your hospital to assess compliance with all the Medicare Conditions of Participation, within the next 60 days.

The requirement that St. Alphonsus Regional Medical Center submit a plan to correct its Medicare deficiencies does not affect its accreditation, its Medicare payments, or its current status as a participating provider of hospital services in the Medicare program. When St. Alphonsus Regional Medical Center has been found to meet all the Medicare Conditions of Participation for hospitals, the State agency will discontinue its survey jurisdiction.

Under CMS regulations 42 CFR § 498.3(d), this notice of findings is an administrative action, not an initial determination by the Secretary, and therefore formal reconsideration and hearing procedures do not apply.

Copies of this letter are being provided to the State agency and The Joint Commission. You can also pursue any concerns you may have with The Joint Commission at any time.

If you have any questions, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

Steven Chickering
Western Consortium Survey and Certification
Division of Survey and Certification

Enclosure

cc: Idaho Bureau of Facility Standards
The Joint Commission

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 17, 2007

Sandra Bennett-Bruce, Administrator
Saint Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706

Provider #130007

Dear Ms. Bennett-Bruce:

On **September 14, 2007**, a Complaint Investigation was conducted at Saintt Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003129

Allegation: The hospital did not provide patient's with discharge planning or assist with making arrangements to assist patients after discharge.

Findings: An unannounced visit was made to the hospital on 9/10/07. Nine clinical records were reviewed of patients who had suffered a neurological event and was discharged to home. Hospital policies and quality improvement was also reviewed. Additionally, staff were interviewed. After the investigation it was determined the hospital failed to ensure it had an effective discharge planning process. The hospital failed to provide an initial discharge assessment for 9 of 9 patients whose record were reviewed to identify patients, at an early stage of hospitalization, who could likely suffer adverse health consequences upon discharge. Additionally, it was determined the hospital failed to provide a discharge planning evaluation for 7 of 9 patients whose record were reviewed that included an assessment of factors that may impact the patient's need for continued care after discharge. Further, discharge planning evaluations were not included in patients' medical records for 7 of 9 patients whose record was reviewed for use in establishing an appropriate discharge plan.

The hospital also did not follow its policies and procedures to develop or supervise the development of a discharge plan for 7 of 9 patients whose records were reviewed. Lastly, the hospital did not reassess its discharge planning process on an on-going basis. The cumulative effect of these systemic practices resulted in the hospital's inability to provide direction to staff in order to ensure the patients' care needs were met.

Deficiencies were cited at 42 CFR 482.43 Condition of Participation: Discharge Planning, for the failure of the hospital to ensure it had an effective discharge planning process.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it was addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

PATRICK HENDRICKSON
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PH/mlw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 15, 2007

Sandra Bennett-Bruce, Administrator
St Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706

Provider #130007

Dear Ms. Bennett-Bruce:

On **September 14, 2007**, a Complaint Investigation was conducted at St Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003178

Allegation: A patient presented to the hospital Emergency Department (ED) with a complaint of homicidal ideation. He felt he needed to be admitted was not. Two days later he returned to the ED with the same symptoms and then was admitted.

Findings: During an unannounced investigation on 9/10/07, records for seven patients who came to the ED with complaints of suicidal or homicidal ideation were reviewed. Six of the seven patients' records contained documented evidence that they had been evaluated by a physician and a Masters prepared Social Worker (MSW) and had been determined to be safe to discharged from the hospital and return home.

One patient's record revealed that the patient had presented to the ED with complaints of a pseudoseizure. It was documented that the patient was in a postictal state when he began to reported of having vague feelings of homicidal ideation. The physician documented, in the "Emergency Department" report, that the patient was seen by the MSW and himself. He documented it was felt that the patient could "safely discharge to home". The record contained a "No Harm Contract" signed by the patient. The record did not indicate the patient suffered from a cognitive deficit that would hinder him in the understanding of the contract.

Further, there was no documented evidence the patient had disagreed with the discharge and there was a signed discharge instruction sheet in the record. The same patient returned to the ED two days later complaining of thoughts of "...Want to kill people one by one" and he reported he was having "hallucinations of dead Russian soldiers." The physician documented, in the "Emergency Department" report, that the patient was seen by the MSW and himself and it was felt the patient at that time met admission criteria.

There are no regulations for physician's individual judgment, i.e., the correctness of diagnoses and treatment of patients. This is a civil matter and it is not addressed in the scope of State and Federal regulations. No deficiencies were cited.

Conclusion: Unsubstantiated. Lack of sufficient evidence.

As this complaint was unsubstantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

PATRICK HENDRICKSON
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PH/mlw

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 9, 2007

Sandra Bennett-Bruce, Administrator
St Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706

Provider #130007

Dear Ms. Sandra Bennett-Bruce:

On **September 14, 2007**, a Complaint Investigation was conducted at St Alphonsus Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00003222

Allegation: A patient was discharged from the hospital when he was too unstable to be discharged.

Findings: As this complaint relates to the lack of appropriate discharge planning, it is being sustantiated based on the findings of a previous complaint investigation related to discharge planning. A separate investigation is not planned, as noncompliance with state and federal regulations has already been established.

An unannounced visit was made to the hospital on 9/10/07. Nine (9) clinical records were reviewed of patients who had suffered a neurological event and were discharged to home. Hospital policies and quality improvement information were reviewed and staff were interview. Based on the findings of the investigation it was determined the hospital failed to ensure an effective discharge planning process was in place. The hospital failed to provide nine (9) of nine (9) patients with appropriate discharge planning services.

The hospital failed to ensure patients received an initial discharge assessment to identify patients, at an early stage of hospitalization, who could likely suffer adverse health consequences upon discharge, if appropriate discharge planning was not provided. Additionally, the hospital failed to provide patients with a discharge planning evaluation that included an assessment of factors that may impact the patient's need for continued care after discharge. Further, discharge planning evaluations were not included in patients' medical records for use in establishing an appropriate discharge plan. Lastly, the hospital did not reassess its discharge planning process on an on-going basis. The cumulative effect of these negative systemic practices resulted in the hospital's failure ensure the patients' care needs were met after discharge.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited. Deficiencies were cited at 42 CFR 482.43 Condition of Participation: Discharge Planning, for the failure of the hospital to ensure it had an effective discharge planning process. The hospital is required to provide a plan of correction and a full survey of the hospital will be completed after the plan of correction is received in this office.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

Patrick Hendrickson /sc Sylvia Creswell

PATRICK HENDRICKSON
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PH/mlw

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS The following deficiencies were cited during the complaint investigation survey of your hospital. Surveyors conducting the investigation were: Patrick Hendrickson, RN, HFS, Team Leader Gary Guiles, RN, HFS Rae Jean McPhillips, RN, HFS Acronyms used in the survey report include: C/O = Complaints Of CRM = Clinical Resource Manager (Discharge Planner) CT = Computed Tomography DC = Discharge ED = Emergency Department EMR = Electronic Medical Record Emtec = Hospital's Electronic Documentation System ENT = Ear, Nose and Throat Specialist MSW = Medical Social Worker Nsg = Nursing OT = Occupational Therapist Pt = patient PT = Physical Therapist TBI = Traumatic Brain Injury	A 000		
A 799	482.43 DISCHARGE PLANNING The hospital must have in effect a discharge planning process that applies to all patients. The hospital's policies and procedures must be specified in writing.	A 799		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 799	Continued From page 1 This CONDITION is not met as evidenced by: Based on review of hospital policies, quality improvement, record review and staff interview it was determined the hospital failed to ensure it had an effective discharge planning process. The hospital failed to provide an initial discharge assessment to identify patients, at an early stage of hospitalization, who could likely suffer adverse health consequences upon discharge (see A800). Additionally, it was determined the hospital failed to provide a discharge planning evaluation that included an assessment of factors that may impact the patient's need for continued care after discharge (see A806). Further, discharge planning evaluations were not included in patients' medical records for use in establishing an appropriate discharge plan (see A811). Lastly, the hospital did not reassess its discharge planning process on an on-going basis (see A843). The cumulative effect of these systemic practices resulted in the hospital's inability to provide direction to staff in order to ensure the patients' care needs were met.	A 799		
A 800	482.43(a) CRITERIA FOR DISCHARGE EVALUATIONS The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.	A 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 2	A 800		

This STANDARD is not met as evidenced by:
Based on review of hospital policies, record review and staff interview, it was determined the hospital failed to follow their policies and procedures. The hospital failed to provide an initial discharge assessment for the need of discharge planning to identify patients who were likely to suffer adverse health consequences upon discharge if there was not adequate discharge planning. This lack of screening affected the care of 9 of 9 patients (#'s 1, 2, 3, 4, 5, 6, 7, 8 and 9) whose records were reviewed for discharge planning and that were discharged home. The findings include:

1. The policy titled "Discharge Planning", revised on 4/2006, stated "The process of discharge planning shall be initiated on all patients by a licensed nurse during the pre-admission visit, at the time of admission, or as soon thereafter as appropriate." The policy further stated that staff were to "Initiate a discharge planning assessment prior to referral to the CRM" and "The discharge plan shall be incorporated into the plan of care." The policy did not specify a form or set of questions to be used to determine which patients needed a discharge planning evaluation.

The CRM's, "Transition Management-Clinical Resource Management Department" policy, revised on 8/2007, stated "Patients evaluated through preadmissions that have been identified as having post-hospital care needs may be referred to the assigned CRM." It also stated "Initial screening should occur in 100% of the CRM caseload." The policy did not define what

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 3 the "initial screening" consisted of. 2. 9 of 9 records reviewed did not contain an initial discharge assessment to identify patients who were likely to suffer adverse health consequences upon discharge if there was no adequate discharge planning. * Patient #1 was a 55 year old female with a history of a sudden onset of headaches and was found to have a subarachnoid hemorrhage. She was admitted to the hospital on 3/16/07 and discharged on 3/30/07. The patient's record contained an interdisciplinary plan of care, dated 3/23/07, that stated "continue to follow" and "see EMR" for discharge planning. The patient's EMR did not contain an initial discharge assessment. On 9/11/07 at 11:35 AM, a CRM confirmed the record did not contain an initial discharge assessment. * Patient #2 was a 42 year old male with a history of a fall or possible assault and suffered a traumatic subarachnoid hemorrhage. He was admitted to the hospital on 6/21/07 and discharged on 6/27/07. The patient's record contained an interdisciplinary plan of care, dated 6/25/07, that stated "CRM eval" on 6/21/07 and "see EMR" for discharge planning. On 6/22/07, it was written on the interdisciplinary plan of care "Initial assessment" but the patient's EMR did not contain an initial discharge assessment. The record was reviewed on 9/13/07 at 9:00 AM with a CRM and she confirmed there was no initial discharge assessment in the patient's record. * Patient #3 was an 18 year old male with a history of assault and traumatic subarachnoid hemorrhage. He was admitted to the hospital on	A 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 4 3/11/07 and discharged on 3/14/07. The patient's record contained an interdisciplinary plan of care, dated 3/11/07, that stated "see EMR" for discharge planning. The patient's EMR did not contain an initial discharge assessment. The record was reviewed on 9/13/07 at 9:00 AM with a CRM and she confirmed there was no initial discharge assessment in the patient's record. * Patient #4 was an 62 year old male with a history of a ground-level fall, altered mental status and an intracranial hemorrhage. He was admitted to the hospital on 4/3/07 and discharged on 4/9/07. The patient's record contained an interdisciplinary plan of care, dated 4/6/07, that stated "see EMR" for discharge planning. The patient's EMR did not contain an initial discharge assessment. The record was reviewed on 9/13/07 at 9:00 AM with a CRM and she confirmed there was no initial discharge assessment in the patient's record. * Patient #9 was an 45 year old female with a history of a ground-level fall causing a bilateral subacute and chronic subdural hematomas. She was admitted to the hospital on 3/9/07 and discharged on 3/13/07. The patient's record contained an interdisciplinary plan of care dated 3/12/07. There was no documentation in the "Transition/Discharge Planning" area of the form. The patient's EMR did not contain an initial discharge assessment. The record was reviewed on 9/13/07 at 9:00 AM with a CRM and she confirmed there was no initial discharge assessment in the patient's record. * Patient #5 was a 43 year old male admitted to the hospital on 8/19/07 and discharged to home on 8/22/07. According to his record, he had fallen	A 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 5	A 800		

from a roof and suffered a non-displaced basilar skull fracture and a subarachnoid hemorrhage prior to admission. He was treated conservatively and was discharged to home without surgical intervention. According to the record and staff interview, the patient spoke only Russian and Turkish. The record did not document how long he had been in the United States. The patient did not have insurance and a referral was made to social services to try to arrange for funding. CRM notes, on 8/21/07 at 9:56 AM, stated "Initial screening yesterday. Pt is Russian speaking, many family members at bedside. PFA referral for insurance info. An assessment of the need for discharge planning was not documented.

The CRM for Patient #5 was interviewed on 9/13/07 at 2:35 PM. She stated the patient lived out of town. She said the patient did not speak English. She stated the patient did not have a discharge planning evaluation and she could not show the surveyor the "Initial screening", referred to in the CRM note. She stated she was not aware of a screen to identify if the patient needed a discharge planning evaluation.

* Patient #7 was a 79 year old female admitted to the hospital on 6/15/07 and discharged to home on 6/19/07. According to her record, she had fallen and suffered a subdural hematoma prior to admission. She had experienced previous falls and had been surgically treated in January 2007 for a subdural hematoma. Her medical history also included breast cancer and leiomyosarcoma of the leg which had metastasized to her lung. In addition, she had a history of deep venous thrombosis with an inability to anticoagulate due to recent falls and subdural hematomas. She was an insulin dependent diabetic. She was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 6 treated conservatively and was discharged to home without surgical intervention. An assessment of the need for discharge planning was not documented. The CRM assigned to Patient #7's physician, was interviewed on 9/13/07 at 3:50 PM. She stated she had been on vacation during the patient's stay. She reviewed the record and stated a screen to identify if the patient needed a discharge planning evaluation was not documented. * Patient #6 was a 42 year old male who was admitted to the hospital on 6/3/07 with nasal fractures. He was discharged on 6/4/07. The record contained documentation by the CRM, on 6/4/07 at 8:31 AM, that stated "Initial screening, MSW referral" and "...MSW to assist with a place to stay when pt is discharged. Nsg notified MSW working on dc." The MSW documented, on 6/4/07 at 9:52 AM, that the patient "... has been seen frequently in the ED for trauma and altered mental status." Additionally, she documented, on 6/4/07 at 2:15 PM, that she "... met w/pt who reports he has a place to go. Taxi voucher provided, also clean shirts and meal ticket for bag lunch. No other needs identified. Interventions: RESOURCES: Community Supports." An assessment of discharge planning needs was not contained in the record. The CRM for Patient #6 confirmed, on 9/13/07 at 2:35 PM, that the record did not contain a discharge planning evaluation. Additionally, she stated there was not a screening tool to identify whether or not the patient needed a discharge planning evaluation.	A 800		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 800	Continued From page 7 * Patient #8 was a 40 year old male with a history of multiple sclerosis and headaches. He was admitted to the hospital on 6/14/07 and discharged on 6/18/07. The patient's record contained an "interdisciplinary plan of care" that was initiated on 6/15/07. There was no documentation for 6/15/07 on the plan of care for discharge planning. On 6/16 and 6/17/07 "see EMR of outcomes/response" was marked for discharge planning. The patient's EMR did not contain documentation regarding discharge planning for the dates of 6/16 and 6/17/07. The plan of care contained documentation, dated 6/18/07, that the CRM had reviewed the case. The CRM documented, on 6/18/07 at 10 AM, the day of discharge, that the "initial screening" was completed. The record did not contain a documented initial assessment of discharge planning needs. On 9/13/07 at 3:15 PM, the CRM who completed the "initial screening", confirmed that the screening was done four days after the patient was admitted to the hospital. Additionally, she confirmed the record did not contain documentation of an initial assessment for the need of a discharge planning evaluation.	A 800		
A 806	482.43(b)(1) DISCHARGE PLANNING NEEDS ASSESSMENT The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 8 This STANDARD is not met as evidenced by: Based on review of hospital policies, record review and staff interview it was determined the hospital failed to provide a discharge planning evaluation for 7 of 7 sampled patients (#'s 1, 2, 4, 5, 6, 7, and 8) who were identified as being likely to suffer adverse health consequences upon discharge if there was not adequate discharge planning. Since a discharge planning evaluation had not been completed, staff had not developed a discharge plan for these patients. The findings included: The CRM's "Transition Management-Clinical Resource Management Department" policy, revised on 8/2007, stated "Patients evaluated through preadmissions that have been identified as having post-hospital care needs may be referred to the assigned CRM...The CRM communicates with the health care team members, reviews records and interviews patient/family to determine the need for transition management. Areas to be reviewed include living situation, caregiver support, safety concerns, clinical and psychosocial needs...Initial screening should occur in 100% of the CRM caseload." According to the hospital's policy, documentation requirements were: "1) initial assessment 2) appropriate clinical indicators 3) development of transition plan 4) alternatives/changes to the transition plan as they occur	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 9 5) patient/family involvement/concurrence with the plan 6) multidisciplinary collaborations 7) final transition plan with dc date when known Transition management information is documented in Emtec." This policy had not been followed. Examples include: * Patient #1 was a 55 year old female with a history an sudden onset of a headache. She was found to have a subarachnoid hemorrhage. She was admitted to the hospital on 3/16/07 and discharged on 3/30/07. The patient's record contained a "HISTORY AND PHYSICAL", dated 3/18/07, that documented the patient lived at home with her 18-year-old son and cared for her mother with Alzheimer's disease. A "HISTORY/CONSULTATION", dated 3/17/07, described the patient as "confused with periods of obtundation". The patient's record contained a discharge summary, dated 3/30/07, that documented "She still had some impulsiveness...and some memory deficit at the time of discharge." The patient's interdisciplinary plan of care, dated 3/23/07, stated "continue to follow" and "see EMR" for discharge planning. The patient's EMR did not contain a discharge planning evaluation that included an assessment of factors that could impact the patient's needs for care after discharge such as biopsychosocial needs, the patient's and caregiver's understanding of discharge needs, and identification of post-hospital care resources. The record also did not contain a discharge plan. On 9/11/07 at 11:35 AM, a CRM confirmed the record did not contain a discharge planning	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 10 evaluation or discharge plan. * Patient #2 was an 42 year old male with a history of a fall or possible assault and suffered a traumatic subarachnoid hemorrhage. He was admitted to the hospital on 6/21/07 and discharged on 6/27/07. The patient's record contained a physician "CONSULTATION", dated 6/27/07, that documented "...patient would benefit from outpatient therapy program with the primary emphasis on cognitive remediation with neuropsychology services." "Therapist will be working on dressing, grooming, bathing, ADLs, transfers, ambulation, safety, gait and home exercise program." The patient's record contained a interdisciplinary plan of care, dated 6/25/07, that stated "CRM eval" on 6/21/07 and to "see EMR" for discharge planning. The patient's EMR did not contain a discharge planning evaluation that included an assessment of factors that could impact the patient's needs for care after discharge. The record also did not contain a discharge plan. On 9/13/07, a CRM confirmed the record did not contain a discharge planning evaluation or discharge plan. * Patient #4 was a 62 year old male with a history of a ground-level fall, altered mental status and an intracranial hemorrhage. He was admitted to the hospital on 4/3/07 and discharged on 4/9/07. The patient's record contained a "TRANSFER SUMMARY", dated 4/9/07, that documented the patient was transferred to the hospital from a hospital in Baker City, Oregon where he resided. Physical therapy notes documented the following observations of the patient: 4/6/07 2:47 PM, ... question patient's cognitive	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 11 status regarding safety at home. Will need at least 24 hour supervision and assisted if patient to return home at this point... 4/7/07 11:30 AM, ...feel that patient's cognitive status should be further addressed neuro-psychiatric or ears, nose, throat, evaluation. 4/8/07 2:00 PM, If plan for home with spouse would recommend supervision with all mobility for safety, spouse is in agreement with this. CRM notes documented the following: 4/6/07 10:23 AM, ...VA; no beds available for Occupational Therapy. Speech Therapy notes documented the following: 4/4/07 9:42 AM, ...Patient appears to have difficulty hearing as well as auditory comprehension deficits...Recommend ENT to assess ears, hearing evaluation when discharged from the hospital. 4/5/07 12:28 PM, Patient having increased difficulties with "hearing voices and musical instruments", worsened with auditory trainer. Recommend 1. Psychiatric consult 2. Audiology consult... Nursing notes documented the following: 4/9/07 2:10 PM, The patient reports that the voices in his head are subsiding....he would likely benefit from supervision at home at least initially for higher level cognitive deficits.	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 12 The patient's record contained a interdisciplinary plan of care, dated 4/6/07, that stated "see EMR" for discharge planning. The patient's EMR did not contain a discharge planning evaluation that included an assessment of factors that could impact the patient's needs for care after discharge. The record also did not contain a discharge plan. On 9/13/07, a CRM confirmed the record did not contain a discharge planning evaluation or a discharge plan. * Patient #6 was a 42 year old male who was admitted to the hospital on 6/3/07 with nasal fractures. He was discharged on 6/4/07. The record contained documentation by the CRM, on 6/4/07 at 8:31 AM, that stated "Initial screening, MSW referral" and "...MSW to assist with a place to stay when pt is discharged. Nsg notified MSW working on dc". The MSW documented, on 6/4/07 at 9:52 AM, that the patient "... has been seen frequently in the ED for trauma and altered mental status." Additionally, she documented, on 6/4/07 at 2:15 PM, that she "... met w/pt who reports he has a place to go. Taxi voucher provided, also clean shirts and meal ticket for bag lunch. No other needs identified. Interventions: RESOURCES: Community Supports." The record did not contain evidence of a discharge planning evaluation or of a discharge plan. The CRM for Patient #6 confirmed, on 9/13/07 at 2:35 PM, that the record did not contain a discharge planning evaluation or discharge plan. * Patient #8 was a 40 year old male with a history of multiple sclerosis and headaches. He was admitted to the hospital on 6/14/07 and discharged on 6/18/07. The patient's record contained an "interdisciplinary plan of care" that was initiated on 6/15/07. There was no	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 13	A 806		

documentation for 6/15/07 on the plan of care for discharge planning. On 6/16 and 6/17/07 "see EMR of outcomes/response" was marked for discharge planning. The patient's EMR did not contain documentation regarding discharge planning for the dates of 6/16 and 6/17/07. The plan of care contained documentation, dated 6/18/07, that the CRM had reviewed the case. The EMR contained documentation from the CRM, dated 6/18/07 at 10 AM, the day of discharge, that the "initial screening" was completed. The CRM further documented, "Met with patient and family to discuss care needs. Pt wants to have Home Health PT through St. Alphonsus Home Health. Intra-agency order form on chart. If pt is not homebound status, an outpt setting may be more appropriate. Will follow and facilitate as needed." The record did not contain documentation regarding the outcome of the patient's request for physical therapy. The patient's record did not contain documentation that the CRM conducted a specific discharge planning evaluation or developed a discharge plan.

On 9/13/07 at 3:15 PM, the CRM who completed the "initial screening", confirmed that the screening was completed four days after the patient was admitted to the hospital. She stated there was no discharge planning evaluation or discharge plan contained in the record. Additionally, she confirmed the record did not contain documentation regarding the outcome of the patient's request for physical therapy.

* Patient #5 was a 43 year old male admitted to the hospital on 8/19/07 and discharged to home on 8/22/07. According to his record, he had fallen from a roof and suffered a non-displaced basilar

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 14 skull fracture and a subarachnoid hemorrhage prior to admission. He was treated conservatively and was discharged to home without surgical intervention. According to the record and staff interview with the CRM on 9/13/07 at 2:35 PM, the patient spoke only Russian and Turkish. The record did not document how long he had been in the United States. The patient did not have insurance and a referral was made to social services to try to arrange for funding. CRM notes, on 8/21/07 at 9:56 AM, stated "Initial screening yesterday. Pt is Russian speaking, many family members at bedside. PFA referral for insurance info. Resides in (an Idaho town)." Referrals for medical and rehabilitative follow up services were made to a rehabilitation center in a city approximately 120 miles from the patient's home. The availability of transportation was not documented. A discharge planning evaluation was not present in the patient's record and neither was a discharge plan. The CRM for Patient #5 was interviewed on 9/13/07 at 2:35 PM. She confirmed the patient lived 120 miles from the hospital. She said the patient did not speak English. She stated she did not speak to the patient's wife but only to male visitors. She did not know what their relation to the patient was. The patient's discharge instructions stated he was not to drive. She said she did not know what the availability of transportation was. She stated the patient did not have a discharge planning evaluation or a discharge plan. * Patient #7 was a 79 year old female admitted to the hospital on 6/15/07 and discharged to home on 6/19/07. According to her record, she had fallen and suffered a subdural hematoma prior to	A 806		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 806	Continued From page 15 admission. She had experienced previous falls and had been surgically treated in January 2007 for a subdural hematoma. Her medical history also included breast cancer and leiomyosarcoma of the leg which had metastasized to her lung. In addition, she had a history of deep venous thrombosis with an inability to anticoagulate due to recent falls and subdural hematomas. She was an insulin dependent diabetic. She was treated conservatively and was discharged to home without surgical intervention. A discharge planning evaluation was not present in the patient's record and neither was a discharge plan. The CRM assigned to Patient #7's physician, was interviewed on 9/13/07 at 3:50 PM. She stated she had been on vacation during the patient's stay. She reviewed the record and stated no discharge planning evaluation or discharge plan was documented.	A 806		
A 811	482.43(b)(6) DOCUMENTATION OF EVALUATIONS The hospital must include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan and must discuss the results of the evaluation with the patient or individual acting on his or her behalf. This STANDARD is not met as evidenced by: Based on review of hospital policies, record review and staff interview, it was determined the hospital failed to include discharge planning	A 811		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 16 evaluations in patient's medical records for 7 of 7 patients (#'s 1, 2, 4, 5, 6, 7, and 8) who were discharged from the hospital to home and identified as likely to experience adverse health consequences without adequate discharge planning. The findings included: The hospital's "Discharge Planning" policy, revised on 4/2006 stated, "The process of discharge planning shall be initiated on all patients by a licensed nurse during the pre-admission visit, at the time of admission, or as soon thereafter as appropriate. Discharge planning needs shall be addressed in interdisciplinary plan of care, patient/family teaching, and/or referral to the Clinical Resource Manager." Clinical indicators that would identify a potential need for CRM interventions were: disorders which alter the patient's ability to preform activities of daily living, patients requiring new assistive or medical equipment after discharge such as wheelchairs, feeding tubes, oxygen or medications, patients who may have long-term disability after hospitalization and patients hospitalized for longer than ten days. The CRM's "Transition Management-Clinical Resource Management Department" policy revised on 8/2007 stated, "Patients evaluated through preadmissions that have been identified as having post-hospital care needs may be referred to the assigned CRM....The CRM communicates with the health care team members, reviews records and interviews patient/family to determine the need for transition management. Areas to be reviewed include living situation, caregiver support, safety concerns, clinical and psychosocial needs...Initial screening should occur in 100% of the CRM caseload."	A 811		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 17 Documentation requirements were: " 1) initial assessment 2) appropriate clinical indicators 3) development of transition plan 4) alternatives/changes to the transition plan as they occur 5) patient/family involvement/concurrence with the plan 6) multidisciplinary collaborations 7) final transition plan with dc date when known Transition management information is documented in Emtec." This policy had not been followed. Examples included: * Patient #1 was a 55 year old female with a history a sudden onset of a headache and was found to have a subarachnoid hemorrhage. She was admitted to the hospital on 3/16/07 and discharged on 3/30/07. The patient's record contained a interdisciplinary plan of care, dated 3/23/07, that stated "continue to follow" and to "see EMR" for discharge planning. The patient's EMR did not contain a discharge planning evaluation. On 9/11/07 at 11:35 AM, a CRM confirmed the record did not contain a discharge planning evaluation or a needs assessment. * Patient #2 was a 42 year old male with a history of a fall or was possibly assaulted and suffered a traumatic subarachnoid hemorrhage. He was admitted to the hospital on 6/21/07 and discharged on 6/27/07. The patient's record contained a interdisciplinary plan of care, dated 6/25/07, that stated "CRM eval" on 6/21/07 and	A 811		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 18 "see EMR" for discharge planning. On 6/22/07 it was written on the interdisciplinary plan of care "Initial assessment". The patient's EMR did not contain a discharge planning evaluation. * Patient #4 was a 62 year old male with a history of a ground-level fall, altered mental status and an intracranial hemorrhage. He was admitted to the hospital on 4/3/07 and discharged on 4/9/07. The patient's record contained an interdisciplinary plan of care, dated 4/6/07, that stated "see EMR" for discharge planning. The patient's EMR did not contain a discharge planning evaluation. * Patient #5 was a 43 year old male admitted to the hospital on 8/19/07 and discharged to home on 8/22/07. According to his record, he had fallen from a roof and suffered a non-displaced basilar skull fracture and a subarachnoid hemorrhage prior to admission. He was treated conservatively and was discharged to home without surgical intervention. According to the record and staff interview with the CRM on 9/13/07 at 2:35 PM, the patient spoke only Russian and Turkish. The record did not document how long he had been in the United States. The patient did not have insurance and a referral was made to social services to try to arrange for funding. CRM notes, on 8/21/07 at 9:56 AM, stated "Initial screening yesterday. Pt is Russian speaking, many family members at bedside. PFA referral for insurance info. Resides in (an Idaho town)." Referrals for medical and rehabilitative follow up services were made to a rehabilitation center in a city approximately 120 miles from the patient's home. The availability of transportation was not documented. No discharge planning evaluation was present in the patient's record.	A 811		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 19 The CRM for Patient #5 was interviewed on 9/13/07 at 2:35 PM. She confirmed the patient lived 120 miles from the hospital. She said the patient did not speak English. She stated she did not speak to the patient's wife but only to male visitors. She did not know what their relation to the patient was. The patient's discharge instructions stated he was not to drive. She said she did not know what the availability of transportation was. She stated the patient did not have a documented discharge planning evaluation. * Patient #7 was a 79 year old female admitted to the hospital on 6/15/07 and discharged to home on 6/19/07. According to her record, she had fallen and suffered a subdural hematoma prior to admission. She had experienced previous falls and had been surgically treated in January 2007 for a subdural hematoma. Her medical history also included breast cancer and leiomyosarcoma of the leg which had metastasized to her lung. In addition, she had a history of deep venous thrombosis with an inability to anticoagulate due to recent falls and subdural hematomas. She was an insulin dependent diabetic. She was treated conservatively and was discharged to home without surgical intervention. No discharge planning evaluation was present in the patient's record. The CRM assigned to Patient #7's physician, was interviewed on 9/13/07 at 3:50 PM. She stated she had been on vacation during the patient's stay. She reviewed the record and stated no discharge planning evaluation was documented. * Patient #6 was 42 year old male who was admitted to the hospital on 6/3/07 with nasal	A 811		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 20	A 811		

fractures that resulted from an altercation. He was discharged on 6/4/07. The record contained documentation by the CRM, on 6/4/07 at 8:31 AM, that stated "Initial screening, MSW referral" and "...MSW to assist with a place to stay when pt is discharged. Nsg notified MSW working on dc". The MSW documented, on 6/4/07 at 9:52 AM, that the patient "... has been seen frequently in the ED for trauma and altered mental status." Additionally, she documented, on 6/4/07 at 2:15 PM, that she "... met w/pt who reports he has a place to go. Taxi voucher provided, also clean shirts and meal ticket for bag lunch. No other needs identified. Interventions: RESOURCES: Community Supports." There was no documentation of a discharge planning evaluation in the patient's record.

The CRM for Patient #6 confirmed, on 9/13/07 at 2:35 PM, that the record did not contain a discharge planning evaluation.

* Patient #8 was a 40 year old male with a history of multiple sclerosis and headaches. He was admitted to the hospital on 6/14/07 and discharged on 6/18/07. The patient's record contained an "interdisciplinary plan of care" that was initiated on 6/15/07. There was no documentation for 6/15/07 on the plan of care for discharge planning. On 6/16 and 6/17/07 "see EMR of outcomes/response" was marked for discharge planning. The patient's EMR did not contain documentation regarding discharge planning for the dates of 6/16 and 6/17/07. The plan of care contained documentation, dated 6/18/07, that the CRM had reviewed the case. There was no documentation of a discharge planning evaluation in the patient's record.On 9/13/07 at 3:15 PM, the CRM stated there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 811	Continued From page 21 not a discharge planning evaluation contained in the record.	A 811		
A 843	482.43(e) REASSESSMENT OF DISCHARGE PLANNING PROCESS The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs. This STANDARD is not met as evidenced by: Based on staff interview, it was determined the hospital failed to reassess its discharge planning process on an on-going basis. The findings include: An program to assess the quality of the hospital's discharge planning process had not been developed or implemented. No process was in place to evaluate the following: * Time effectiveness of the criteria to identify patients needing discharge plans; * The quality and timeliness for discharge planning evaluations and discharge plans; * The hospital discharge personnel maintain complete and accurate information to advise patients and their representatives of appropriate options; and * The hospital has a coordinated discharge planning process that integrates discharge planning with other functional departments,	A 843		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTER	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 843	Continued From page 22 including the quality assurance and utilization review activities of the institution and involves various disciplines. In addition, the hospital had failed to identify the lack of a system to provide discharge planning screens, discharge planning evaluations, and discharge plans. The CRM Director was interviewed on 9/13/07 at 2:05 PM. She stated a formal assessment of the hospital's discharge planning process had not been developed. She said a review of discharge plans to ensure that they were responsive to discharge needs was not being done.	A 843		

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

October 5, 2007

Sandra Bruce
St Alphonsus Regional Medical Center
1055 North Curtis Road
Boise, Idaho 83706

Dear Ms. Bruce:

This is to advise you of the State Licensure findings of the Complaint Survey at St Alphonsus Regional Medical Center which was concluded on September 14, 2007.

Enclosed is a Statement of Deficiencies/Plan of Correction listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. It is important that your Plan of Correction address each deficiency in the following manner:

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.

2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.

3. Identify the date each deficiency has been, or will be, corrected.

4. Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **October 18, 2007**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

PATRICK HENDRICKSON
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

PH/mlw

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTEI	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
B 000	16.03.14 Initial Comments The following deficiencies were cited during the complaint investigation survey of your hospital for compliance with state licensure. Surveyors conducting the investigation were: Patrick Hendrickson, RN, HFS, Team Leader Gary Guiles, RN, HFS Rae Jean McPhillips, RN, HFS Acronyms used in this report include: C/O = Complaints Of CRM = Clinical Resource Manager (Discharge Planner) CT = Computed Tomography DC = Discharge ED = Emergency Department EMR = Electronic Medical Record Emtec = Hospital's Electronic Documentation System ENT = Ear, Nose and Throat Specialist MSW = Medical Social Worker Nsg = Nursing OT = Occupational Therapist Pt = patient PT = Physical Therapist TBI = Traumatic Brain Injury	B 000		
BB118	16.03.14.200.04 Discharge Planninig 04. Discharge Planning. Administration shall provide a procedure to screen each patient for discharge planning needs. If discharge planning is necessary, a qualified person shall be designated responsible for such planning. The hospital shall have a transfer agreement with a Medicare and/or Medicaid skilled nursing home. If there is a common governing board for a hospital and a skilled nursing home, a policy statement	BB118		

Bureau of Facility Standards

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	130007	A. BUILDING _____ B. WING _____	C 09/14/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ALPHONSUS REGIONAL MEDICAL CENTEI	1055 NORTH CURTIS ROAD BOISE, ID 83706

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
BB118	Continued From page 1 concerning transfers will be sufficient. (10-14-88) This Rule is not met as evidenced by: Refer to A800 and A806 as they relate to the Hospital Administration's failure to ensure that hospital policies and procedures were followed related to the assessment of discharge planning needs and the development of discharge plans.	BB118		